



McMinnville Police Department  
121 SW Adams Street  
McMinnville, OR 97128  
(503) 434-7307 Phone  
(503) 434-2335 Fax

# Trespass Enforcement Agreement Letter of Consent

The purpose of this program is to allow property owners or managers to authorize officers to enter onto their property for the purpose of enforcing trespass laws against individuals who are trespassing on the property. To initiate the program, the property owner, manager or lessee, must complete this form by filling in the blanks with as much information as possible.

*Physical Address of Trespass Location*

*Business Name*

*Address (if different than above)*

*City*

*State*

*Zip Code*

*Business Phone*

*Business Fax*

## Contact Information

I, \_\_\_\_\_, am the: ☐ Owner ☐ Lessee ☐ Manager ☐ Other \_\_\_\_\_  
(print name)

Of the Address of Trespass Location listed above.

*Last Name*

*First Name*

*Middle*

*Email Address*

*Home Phone*

*Cell Phone*

*Work Phone*

*Emergency Contact*

By signing below, I do hereby designate each and every Police Officer, now and hereafter, employed by the City of McMinnville as my agent and representative for the purpose of enforcing ORS 164.245 and 164.255 (Criminal Trespass). This authorization shall continue in full force and effect until such time as it expires on an annual basis on December 31st, or until it is revoked in writing. Only original signed document will be accepted.

Printed Name

Signature

Date

*For Official Use Only*

Date Received: \_\_\_\_\_

Date Entered: \_\_\_\_\_

By: \_\_\_\_\_